

# County of Kauai Recreation Youth Employment Program

<b>COUNTY OF KAUAI</b> <b>DEPARTMENT OF PARKS &amp; REC</b> <b>4444 Rice Street, Suite 105</b> <b>Lihue, HI 96766</b> <b>Phone: (808) 241-4460</b> <b>FAX: (808) 241-5126</b>	<b>Confidentiality Statement:</b> <i>All information provided on this application will remain confidential and will <b>only</b> be disclosed to the staff operating the County of Kauai Spring Youth Employment Program.</i>	<b>Qualification:</b> <i>To qualify for the County of Kauai Spring Student Enrichment program, you must be 16 years or older and attending school.</i> <b>**Are you at least 16 years old**</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Work Preferences: Position:</b> _____	<b>1<sup>st</sup> Choice:</b> _____	<b>2<sup>nd</sup> Choice:</b> _____
<b>Location:</b> _____	<b>1<sup>st</sup> Choice:</b> _____	<b>2<sup>nd</sup> Choice:</b> _____
	<b>3<sup>rd</sup> Choice:</b> _____	

<b>Contact Information (press the space bar to move along text box):</b>				
Name: _____		Birth Date: _____		Shirt Size: _____
Last First MI		(MM/DD/YYYY)		
Local Mailing Address: _____				
Number/Street		City	State	Zip Code
Alt. Mailing Address: _____				
Number/Street		City	State	Zip Code
Contact Phone No.: _____		Alternate Phone No.: _____		
Email Address: _____		Parent(s) Name: _____		

<b>Citizenship:</b> <input type="checkbox"/> US Citizen <input type="checkbox"/> US National <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Non-Citizen authorized under federal law to work in the US, Type of Visa: _____
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<b>Education:</b> Are you a high school graduate or equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, will you graduate by June 2013? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Current</u> year in high school/college (please specify high school or college): _____ School you are <u>currently</u> attending: _____ Major: _____
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<b>Questionnaire:</b> Are you currently on Kauai? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, on what day will you return? _____ Will you be on Kaua'i for the entire duration of the Program? (March 18 <sup>th</sup> through March 25 <sup>th</sup> ) <input type="checkbox"/> Yes <input type="checkbox"/> No For Pool Lifeguard, positions: Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you possess valid (please present @ time of filing): <input type="checkbox"/> First Aid Cert. <input type="checkbox"/> Standard CPR Cert. <input type="checkbox"/> Lifeguard Training Cert.
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<b>Work Experience:</b> Have you been employed by/volunteered for the County of Kaua'i Before? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>List agencies/departments where you have worked (paid and/or volunteer). Start with your most recent experience first, and so on. Attach an additional sheet if necessary.</i> Department: _____ Agency: _____ Supervisor: _____ Job title: _____ Employment Dates: _____ Describe Your Duties: _____ _____ Department: _____ Agency: _____ Supervisor: _____ Job title: _____ Employment Dates: _____ Describe Your Duties: _____ _____
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<b>Skills:</b> Can you type? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what is your WPM: _____ Other computer programs you are familiar with: _____ Other certification or training (i.e. registered nurse, etc.): _____
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<b>Certificate Of Applicant:</b> I hereby certify that all statements made on or in connection with this application are true and correct to the best of my knowledge and I agree and understand that any misstatements or omissions of material facts may cause forfeiture on my part of all rights to any employment in the service of the County of Kauai. Further, I understand that I may be required to pass a drug screening test, and/or successfully complete a fingerprinting and criminal history record check. <input type="checkbox"/> By submitting this form electronically to the County of Kauai, I attest the information I have given is true and correct to the best of my knowledge and I agree with the statement above. _____ Date Signature of Applicant (If over 18, you may type in signature)
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Please return this application to: Department of Parks and Recreation, 4444 Rice Street, Suite 105, Lihue, HI 96766.

**LAST DAY TO FILE APPLICATIONS: March 4th, 2013**  
 Applications not excepted after deadline.